

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045142

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 3176

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 317

Primary Registration District No. 544

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STATE FILE NUMBER

FILED NOV 16 1962

1. PLACE OF DEATH

a. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KIRKWOODLength of stay in lb
5, 1/2 wksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY ST. LOUIS

c. CITY OR TOWN WEBSTER GROVES

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
412 FIELDCRESTReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
JOSEPHMiddle
L.Last
BALDENWECK

4. DATE OF DEATH

Month Day Year
OCT. 29, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1/20/1887 75

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TRAFFIC MANAGER

10b. KIND OF BUSINESS OR INDUSTRY

URSCHEN BROS. TRUCKING CO.

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOSEPH V. BALDENWECK

13b. MOTHER'S MAIDEN NAME

CATHERINE KANE

14. NAME OF HUSBAND OR WIFE

MARGARET BALDENWECK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

EVELYN STOCKE, 412 FIELDCREST
WEBSTER GROVES, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 wks.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary Emphysema

DUE TO (c)

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

a.m.
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 20 Sept 62 to time of death and last saw him alive on 29 Oct 62
Death occurred at 9:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph B. Crust MD

22b. ADDRESS

325 N Kirkwood Rd.

22c. DATE SIGNED

1 Nov 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11/2/62

23c. NAME OF CEMETERY OR CREMATORY

ST. PETERS CEMETERY

23d. LOCATION (City, town, or county)

KIRKWOOD, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

PFITZINGER MORTUARY, KIRKWOOD, MO. 11-2-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

MAILED NOV 8 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Gou Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.